

APPLICATION FOR VOLUNTEER SERVICE

Name

(Last) (First) (Initial)

Address

(Street)

(City) (State) (Zip)

Occupation _____

(Employer and Work Phone Number)

E-mail Address

Education

(i.e. High School, College, Graduate Work)

How did you hear about the Volunteer Program at the Library for the Blind and Disabled?

Have you had any other volunteer experience? If so, list the organization(s).

Best time to call? _____ Morning _____ Afternoon

Would prefer to volunteer: _____ Morning _____ Afternoon

Preferred days to volunteer: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

What do you prefer to read? _____

What time of day are you available to read? _____

Do you speak any foreign languages? If so, please indicate: _____

PLEASE MAIL THIS APPLICATION FORM TO:
Volunteer Coordinator
Utah State Library for the Blind and Disabled
250 North 1950 West, Suite A
Salt Lake City, UT 84116-7901

or [e-mail the application to jshulfer@utah.gov](mailto:jshulfer@utah.gov) or fax to: 801-715-6767